

FEB 1 2 2008

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Medel S.P.A. C/O Mr. Terrance M. O'Brien Official Correspondent Medel USA 112 Cavistion Way Cary, North Carolina 27519

Re: K072494

Trade/Device Name: AG-CLASSIC Regulation Number: 868.5630 Regulation Name: Nebulizer

Regulatory Class: II Product Code: CAF Dated: February 4, 2008 Received: February 7, 2008

Dear Mr. O'Brien:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

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Center for Devices and Radiological Health

Enclosure

Indication for Use

510(k) Number (if known): K072494

Device Name: AG-CLASSIC

Indication For Use:

The Medel AG-CLASSIC Nebulization System, which includes the Medel AG-CLASSIC Compressor and the Medel Jet Nebulizer, is intended for the production of medical aerosol for respiratory disorders such as asthma, chronic obstructive pulmonary disease (COPD), bronchitis and emphysema for children or adults in the home. The Medel Jet nebulizer is a "single patient reuse" nebulizer and is to be used by one person multiple times. The use of the Medel AG-CLASSIC is for the production of medical aerosols with approved medications and requires the order of a physician for medical use. The AG-CLASSIC is not intended as a life sustaining or life-supporting device.

Pre	scription Use _	<u>X</u>	
(21	CFR Part 801	Subpart 1	D)

And/Or

Over the Counter Use _____. (21 CFR Part 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE; CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Device Evaluation and Safety (OIVD)

My Jhd Division Sign-Off

Office of In Vitro Diagnostic Device

Evaluation and Safety

510(k) K072494